

#44929

From: Kathy Gold <info@kathygold.com>
To: emma@orthomedctr.com
Subject: medical records

Sent: Mon 30/11/15 1:20 PM
Priority: Normal

Dear Emma,

As per our conversation, this is a request in writing for my medical records.

Please email to my email address at:
info@kathygold.com

If you have any questions, let me know.

Thank You,
Kathy Gold

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From: Kathy Gold <info@kathygold.com> - medical records

GOLD, Kathy

11/19/10 Kathy comes in today for initial evaluation of the neck pain, left shoulder pain, lower back pain that occurred after motor vehicle accident on November 17, 2010. She was a restrained driver, stopped on the freeway when she was struck from behind by another vehicle. She denies any loss of consciousness, abdominal pain, chest pain, or shortness of breath.

PAST MEDICAL HISTORY:

She has no significant medical history in the past.

PHYSICAL EXAMINATION:

On clinical examination, she has full cervical spine range of motion with flexion to chest wall, extension to 50 degrees. Rotation of both right and left shoulder 70 degrees in each direction, left shoulder has mild limitations in motion, forward elevation 160 degrees, abduction 80 degrees, internal rotation to T10 compared to the right shoulder with forward elevation 180 degrees, abduction 120 degrees, internal rotation to T8. She has a mildly positive impingement sign of the left shoulder and tenderness over the lateral deltoid and acromioclavicular joint. No palpable step-off at the AC joint.

She has a negative straight leg raise both right and left lower extremities. 5/5 motor strength in all major motor groups. 2+ deep tendon reflexes for right and left patellar tendon, right and left Achilles tendon. Negative straight leg raise again. She has tenderness along the right and left paraspinal muscles greater on the right side, tenderness in the cervical spine paraspinal muscles greater on the left side.

X-RAYS:

X-rays of the cervical spine show mild C5-C6 degenerative change and mild loss of cervical lordosis. X-rays of the lumbar spine show fairly well preserved disc spaces, normal lumbar lordosis. X-rays of the left shoulder are normal in appearance. No evidence of AC separation or glenohumeral malalignment.

Patient: GOLD, Kathy

Date: 11/19/10

Page #2

RECOMMENDATIONS:

At this point, the plan is to go forward with physical therapy to work on cervical, lumbar musculoligamentous strains and left shoulder contusion. We have given her a prescription for Naprosyn 500 mg p.o. b.i.d. p.r.n. pain, Soma 350 mg p.o. b.i.d. p.r.n. muscle spasms. We will plan to see her back in the office in approximately four weeks.

DLFMD/nvs/gmd

D/T: 11/20/10

GOLD, Kathy

12/17/10 She comes in today for followup evaluation of the neck, left shoulder, and lower back pain.

PHYSICAL EXAMINATION:

She is doing much better at this time. On left shoulder, she has good range of motion, forward elevation 180 degrees, internal rotation to T10. Negative impingement sign. As for cervical spine, she has flexion to chest wall, extension to 50 degrees, rotator over right and left shoulder 60 degrees either direction. Negative straight leg raise over the right and left lower extremities. 5/5 motor strength in gastrocnemius, extensor hallucis longus, anterior tibialis, quadriceps and psoas.

RECOMMENDATIONS:

At this point, she is doing very well. We will continue on physical therapy. She is not taking Naprosyn or Soma medication. We will complete her current physical therapy course and see her back in six weeks hopefully discharge her with a final letter at that time.

DLFMD/nvs/gmd

D/T: 12/18/10

Orthopedic Medical Center

GOLD, Kathy

01/07/11 She comes in today for a followup evaluation of her neck and left shoulder as well as low back. She is doing excellent at this time. She has completed her physical therapy. Has some occasional mild discomfort along the cervical spine at times and low back although her left shoulder is essentially pain free at this point.

PHYSICAL EXAMINATION:

She has cervical spine flexion to chest wall, extension to 50 degrees, rotation of right and left shoulder 70 degrees either direction. She has 2+ deep tendon reflexes at biceps, triceps, brachioradialis, and right and left upper extremity. As for the left shoulder, excellent motion with forward elevation 180 degrees, internal rotation to T10 and negative impingement sign. Good strength with resistance of internal rotation, external rotation, and abduction. As for the low back, negative straight leg raise. 5/5 motor strength in all major groups. She is able to heel walk and toe walk without difficulty. Nontender to palpation on the paraspinal muscles.

RECOMMENDATIONS:

At this point, she is cleared to resume all activities as tolerated. She has completed physical therapy. We recommend she continue with a gentle stretching and strengthening program at home and if she has increasing pain, to start over-the-counter antiinflammatory medication and ice and if her pain persists for two to three days she will contact the office. We will see her back on a p.r.n. basis.

DLFMD/nvs/gmd
D/T: 01/08/11

Orthopedic Medical Center

TT

Dear Sir,

Dear Sir,

Dear Sir,

Dear Sir,

Dear Sir,

Dear Sir,

Dear Sir,

Dear Sir,

Dear Sir,

Dear Sir,

The following is a list of the items that are available for sale at the Orthopedic Medical Center. The items are listed in the order in which they are available for sale.

ITEMS

The items are listed in the order in which they are available for sale. The items are listed in the order in which they are available for sale.

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ORTHOPEDIC MEDICAL CENTER

Dear Sir,

Dear Sir,

Orthopedic Medical Center

Dear Sir,

Dear Sir,

Dear Sir,

Orthopedic Medical Center

An Incorporated Medical Clinic • www.orthomedctr.com

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February 11, 2011

John P Rosenberg
Attorney at Law
6355 Topanga Canyon Boulevard
Suite 515
Woodland Hills CA 91367

RE: GOLD, Kathy
DOI - November 16, 2010
File No.: 101082

Dear Mr. Rosenberg:

The following medical report regarding Kathy Gold is submitted to your office per your request.

HISTORY:

Kathy Gold is a 43-year-old female who was initially seen in my office on November 19, 2010, for orthopedic evaluation and treatment of complaints referable to the cervical spine, lumbar spine, and left shoulder.

Ms. Gold was in her usual state of health until November 16, 2010, when she was involved in a motor vehicle accident. On that date, she was the seatbelted driver of a car that came to a stop on the freeway due to heavy traffic. She was rear-ended by the vehicle behind her. As a result of the rapid acceleration and deceleration forces, the patient sustained severe flexion and extension injuries to the neck and back. The airbags did not deploy.

The patient is complaining chronic daily headaches and blurred vision. The patient denies loss of consciousness, abdominal pain, chest pain, or shortness-of-breath. Because of persistent pain in the neck, back, and left shoulder the patient presented to my office for orthopedic evaluation and treatment.

PAST MEDICAL HISTORY:

Ms. Gold denies any serious injuries in the past.

The patient denies any serious illnesses in the past.

The patient is not allergic to any medications.

RESEDA
18039 Sherman Way, Reseda, CA 91335-4630
Tel 818.708.8100 • Fax 818.705.8818

WESTLAKE VILLAGE
1240 S. Westlake Blvd., Suite 237, Westlake Village, CA 91361-1936
Tel 805.373.3700 • 818.707.8600 • Fax 805.371.3717

TT

INITIAL PHYSICAL EXAMINATION:

On clinical examination of the cervical spine, there is tenderness in the cervical and trapezius muscle groups bilaterally. There is full cervical spine range of motion with flexion to the chest-wall and extension to 50 degrees. Rotation was 70 degrees in both directions. There were with complaints of discomfort at the extremes.

On examination of the left shoulder, there is mild limitation of motion with forward elevation of 160 degrees, abduction 80 degrees, and internal rotation to T10. On the right shoulder, forward elevation was to 180 degrees, abduction was to 120 degrees, and internal rotation to T8. There was a mildly positive impingement sign in the left shoulder with tenderness over the left deltoid and acromioclavicular joint. There was no palpable step-off at the AC joint.

On examination of the low back, there is tenderness in the lumbar paraspinous muscles, more so on the right than the left. Range of motion of the lumbar spine was restricted due to pain. Straight-leg raising was negative to 90 degrees bilaterally.

Motor strength is 5+/5 in all major muscle groups in both upper and lower extremities.

Deep tendon reflexes in the upper and lower extremities were physiologic and equal bilaterally.

Sensation was intact and symmetrical in both the upper and lower extremities.

X-RAY EXAMINATION:

X-rays of the cervical spine show mild C5-6 degenerative changes with loss of the normal cervical lordosis, consistent with spasms.

X-rays of the lumbar spine show fairly well preserved disc spaces and a normal lumbar lordosis.

X-rays of the left shoulder were within normal limits. There was no evidence of AC separation or glenohumeral mal-alignment.

INITIAL IMPRESSION:

1. Cervical myoligamentous sprain/strain.
2. Headaches, secondary to above.
3. Thoracolumbar myoligamentous sprain/strain.
4. Left shoulder contusion and strain.

TREATMENT AND PROGRESS:

Ms. Gold was given a prescription for Soma, a muscle relaxant, and Naprosyn, a non-steroidal anti-inflammatory medication. The patient was started on a progressive rehabilitation program that included physical therapy, mobilization and strengthening exercises for the neck, back, and left shoulder.

Ms. Gold returned to my office on December 17, 2010. She reported that she had good improvement with her physical therapy. The patient will continue with the physical therapy and her current medication regimen.

The patient was last seen on January 7, 2011. Her headaches had subsided and her neck, left shoulder, and low back were feeling much better. She still had occasional mild discomfort along the cervical spine and, at times, in the low back. Her left shoulder was essentially pain free.

FINAL EXAMINATION:

On clinical examination of the cervical spine, there is only mild tenderness in the cervical and trapezius muscle groups bilaterally. Cervical spine flexion was to the chest-wall. Extension was to 50 degrees. Rotation was to 70 degrees in both directions.

There is no tenderness about the left shoulder. There is excellent motion with forward elevation to 180 degrees, internal rotation to T10, and negative impingement sign. There is good strength with resistance of internal rotation, external rotation, and abduction.

On examination of the low back, there is no tenderness in the lumbar paraspinous muscles. There is full range of motion without pain. The patient is able to heel-toe walk without difficulty.

Deep tendon reflexes in the upper and lower extremities were physiologic and equal bilaterally.

Sensation was intact and symmetrical in both the upper and lower extremities.

FINAL IMPRESSION:

1. Resolving cervical myoligamentous sprain/strain.
2. Resolved secondary headaches.
3. Resolving thoracolumbar myoligamentous sprain/strain.
4. Resolved contusion and strain, left shoulder.

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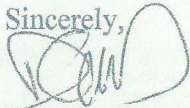
DISCUSSION:

Ms. Gold suffered flexion, extension and torsional injuries to the axial spine, as well as a direct-trauma injury to the left shoulder as a result of the motor vehicle accident on November 16, 2010. The patient has improved considerably with muscle relaxants, non-steroidal anti-inflammatory medications, and an aggressive rehabilitation program directed to these areas. The patient has completed physical therapy and has been instructed fully on doing general stretching and strengthening exercises for the neck and back, which are to be continued on a daily basis at home. These exercises will help to mobilize and strengthen the affected areas and, hopefully, prevent further injuries in the future. The patient will be seen back in my office on an as-needed basis, only.

Ms. Gold's prognosis is fair-to-guarded. It has been my experience that these types of injuries heal slowly, poorly and sometimes incompletely. Such injuries can also be characterized by the appearance of delayed residuals, which can occur long after the onset of the initial injury. These residuals may include the acceleration of already-present degenerative processes in the axial spine at a later date. Exacerbations are usually common following these types of injuries and are sometimes provoked by ordinary activities of daily living. For any minor exacerbations the patient should use nonsteroidal anti-inflammatory medication, apply ice, and rest at home. If this form of home treatment is not effective, then the patient may need to return for further orthopedic evaluation and treatment.

If this office can be of any further assistance to you with reference to this case, please feel free to contact my office at anytime.

Sincerely,



David L Feingold, M.D.
Board Certified Orthopedic Surgeon

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

ROSENBERG TY, JOHN P
SUITE 515
6355 TOPANGA CYN BLVD
WOODLAND HILLS, CA 91367

PICA <input type="checkbox"/>										PICA <input type="checkbox"/>																													
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE CHAMPUS (Sponsor's SSN) <input type="checkbox"/> CHAMPVA (Member ID#) <input type="checkbox"/> GROUP HEALTH PLAN (SSN or ID) <input type="checkbox"/> FECA BLK LUNG (SSN) <input type="checkbox"/> OTHER (ID) <input checked="" type="checkbox"/>										1a. INSURED'S I.D. NUMBER (For Program in Item 1)																													
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5. PATIENT'S ADDRESS (No., Street) 11100-8 SEPULVEDA BLVD CITY MISSION HILLS STATE CA ZIP CODE 91345 TELEPHONE (Include Area Code) (818)287919										6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>										7. INSURED'S ADDRESS (No., Street) 11100-8 SEPULVEDA BLVD CITY MISSION HILLS STATE CA ZIP CODE 91345 TELEPHONE (Include Area Code) (818)287919																			
8. PATIENT STATUS Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>										9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. AUTO ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State) CA c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10d. RESERVED FOR LOCAL USE										11. INSURED'S POLICY GROUP OR FECA NUMBER									
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HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

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1. MEDICARE <input type="checkbox"/> (Medicare #) MEDICAID <input type="checkbox"/> (Medicaid #) TRICARE CHAMPUS (Sponsor's SSN) <input type="checkbox"/> CHAMPVA (Member ID#) <input type="checkbox"/> GROUP HEALTH PLAN (SSN or ID) <input type="checkbox"/> FECA BLK LUNG (SSN) <input type="checkbox"/> OTHER (ID) <input checked="" type="checkbox"/>				1a. INSURED'S I.D. NUMBER (For Program in Item 1)					
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5. PATIENT'S ADDRESS (No., Street) 11100-8 SEPULVEDA BLVD CITY MISSION HILLS STATE CA ZIP CODE 91345 TELEPHONE (Include Area Code) (818) 287919				6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/> 8. PATIENT STATUS Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street) 11100-8 SEPULVEDA BLVD CITY MISSION HILLS STATE CA ZIP CODE 91345 TELEPHONE (Include Area Code) (818) 287919			
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17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DAVID L FEINGOLD MD										17a. NPI 1407807316										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																			
19. RESERVED FOR LOCAL USE MULTI, LIEN 11-16-10										20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.																			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) 1. 1847.0 3. 719.41 2. 1846.0 4. 923.00										23. PRIOR AUTHORIZATION NUMBER										24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. ICD-9-CM I. ID. QUAL J. RENDERING PROVIDER ID. #																			
1 11 19 20 10 11 19 20 10 11 99205 123 500.00 1 NPI 1407807316										2 11 19 20 10 11 19 20 10 11 72050 1 242.00 1 NPI 1407807316										3 11 19 20 10 11 19 20 10 11 72110 2 253.00 1 NPI 1407807316																			
4 11 19 20 10 11 19 20 10 11 73030 LT 4 173.00 1 NPI 1407807316										5 NPI										6 NPI																			
25. FEDERAL TAX I.D. NUMBER SSN EIN 272079484 <input checked="" type="checkbox"/> <input type="checkbox"/>										26. PATIENT'S ACCOUNT NO. 600033B										27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																			
28. TOTAL CHARGE \$ 1168.00										29. AMOUNT PAID \$ 0.00										30. BALANCE DUE \$ 1168.00																			
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) DAVID L FEINGOLD MD 03162011 SIGNED DATE										32. SERVICE FACILITY LOCATION INFORMATION ORTHOPEDIC MEDICAL CENTER2 18039 SHERMAN WAY RESEDA, CA 91335-4630 a 1952624595 b										33. BILLING PROVIDER INFO & PH # (818) 7088100 ORTHOPEDIC MEDICAL CENTER2 18039 SHERMAN WAY RESEDA, CA 91335 a 1952624595 b																			

Orthopedic Medical Center

18039 Sherman Way • Reseda, California 91335 • (818) 708-8100
Prescription/Referral for Physical Therapy & Rehabilitation

Please Print

Date

OMC Case No.

Patient Name

Phone ()

Reimbursement:

☐ Cash☐ Private Insurance☐ Workers Comp☐ Lien☐ Medicare

Diagnosis

Date of Injury

Date of Surgery

Precautions/Contraindications

PHYSICAL THERAPY AND REHABILITATION

Physical Therapy treatment

X per week for

weeks

Specific area(s) to be tested and/or treated:

☒ Lower Back☐ Knee☐ Upper Back☒ Shoulder☒ Cervical☐ Hip☐ Elbow☐ Ankle☐ WristWeight Bearing Status: ☐ Non ☐ PWB ☐ FWB ☐ Toe

Range of Motion (ROM) Limits

Test/Evaluate

☐ Initial P.T. Evaluation☐ Treatment☐ Biodex Extremity☐ MedXCervical☐ MedX Lumbar

MODALITIES

Heat

☐ Hot Packs☒ Ultrasound☐ Medicationator☐ Paraffin☐ Phonophoresis

Cold

☒ Cold Pack☐ Ice☐ Spray & Stretch

Massage

☒ Therapeutic☐ Ice☐ Friction

Traction

☐ Cervical☐ Pelvic☐ Gravity

Hydrotherapy

☐ Whirlpool☐ Contrast Bath☐ Pool Exercise Program☐ Wound Care

Electrical Stimulation

☐ TENS☐ EMS☐ Iontophoresis☐ Home TENS☐ Home EMS

Exercise/Rehabilitation

☒ PROM☒ AROM☒ AAROM☐ Coordination☐ PRE Strengthening☐ Cervical☐ Muscle Re-Ed☐ Biofeedback☐ Bicycle/Treadmill☐ Balance☐ Endurance☐ Gait Training☒ Joint Mobilization☐ Soft Tissue Mobilization☐ Home Instruction☐ Eagle Circuit Training☐ Pulley Exercise☐ Back Rehab Program☐ Patient Education☐ PF Taping

Pre-Operative Program

☐ Evaluate☐ Back Surgery☐ Arthroscopy☐ Ligament/Tendon Repair

ORTHOPEDIC MEDICAL CENTER

MEDICAL/PROFESSIONAL CONSULTATION

To

For

Reason

Patient to return for follow-up appointment with Dr.

Physician

on

Date

OMC143 REV. 4/05

25
818
700
705
705

188) 776-2589
Emma^o ortho med
ctr. can

620
705

LASC - VAN NUYS
14400 ERWIN STREET MALL
VAN NUYS CA 91401

DATE PAID: 09/14/15 03:14 PM
RECEIPT #: LAV619340036

CIT/CASE: 11V05219
LEA/DEF#:

PAYMENT:	\$10.50	310
RECEIVED:		
CHECK:	\$10.50	
CASH:	\$0.00	
CHANGE:	\$0.00	
CARD:	\$0.00	

LASC - VAN NUYS
14400 ERWIN STREET MALL
VAN NUYS CA 91401

DATE PAID: 09/14/15 03:14 PM
RECEIPT #: LAV619340036

CIT/CASE: 11V05219
LEA/DEF#:

PAYMENT:	\$10.50	310
RECEIVED:		
CHECK:	\$10.50	
CASH:	\$0.00	
CHANGE:	\$0.00	
CARD:	\$0.00	

City of Los Angeles

Location #601

Date 09.14.15

Amount 1.80

Cashier [Signature]

Parking Receipt

Nº 75323

☐ ☐ ☐

Cash Credit
Card

DISTRIBUTION:
PINK-ACCOUNTING COPY
BLUE-COURT COPY
YELLOW-ANCHOR COPY

SUPERIOR COURT OF CALIFORNIA COUNTY OF LOS ANGELES

915744

PAY TO: BOLD

LAST NAME

Barthny

FIRST NAME

ADDRESS:

NUMBER

STREET

APT NO.

018
10355 TOPPINGA LANE
WOODLAND, HILLS

STATE

ZIP CODE

CA

91367

DEFENDANT NAME (3RD PARTY):

CASE TITLE (CIVIL): Yard VS Equitation

IF TRANSFER TO OTHER

AGENCY, DEPOSITOR NAME:

EXPLANATION: 11/25/24 payment to court

CASE NO.: 11/25/24 DEPOSIT: ☐ CASH ☒ CHECK ☐ CREDIT ☐ DEBIT

LOCATION: 11/25/24 BX DATE: 11-4-11

RECEIPT NO.: 11/25/24 RECEIPT DATE: 11-4-11

COMPLETED BY: OK DATE: 11-22-11

APPROVED BY: 11/25/24 DATE: 11-22-11

☐ I AGREE THAT THE BAL. DEPOSITED HEREIN BY ME MAYBE APPLIED TOWARD THE PAYMENT OF FINE IMPOSED AND THE BALANCE, IF ANY, RETURNED TO ME.

☐ I REQUEST RETURN TO BE MAILED IN CASE OF THE PERSON NAMED ABOVE.

SIGNATURE OF DEPOSITOR: _____ DATE: _____

OTHER ID: _____ WITNESSED: _____

CODE	DEPOSIT		LESS FINE & PENALTY	REFUND AMOUNTS
	AMOUNT			
MUST	4504.00			4504.00
25/24	20.00			
TOTALS	4524.00		20.00	

TOTAL REFUND

\$ 4504.00

RECEIVED

SC-145

Name and Address of Court:

Van Nuys Superior Court
6230 Sylmar Avenue
Van Nuys Ca. 91401

SMALL CLAIMS CASE NO.: 11V05219

PLAINTIFF/DEMANDANTE (Name and address of each):

Kathy Gold
6355 Topanga Canyon Blvd #515
Woodland Hills Ca 91367

DEFENDANT/DEMANDADO (Name and address of each):

Grant Eggleton
675 E. Bennett St.
Simi Valley, Ca 93065

LOS ANGELES SUPERIOR COURT

NOV 04 2011

John A. Clark, Esq. Clerk/Clerk

☐ See attached sheet for additional plaintiffs and defendants.

BY SANDRA A. AMERSON, DEPUTY CLERK

REQUEST TO PAY JUDGMENT TO COURT

1. Instead of paying the judgment directly to the creditor, I want to pay it to the court.

2. Date judgment was entered (specify): 10/18/2011

3. Judgment creditor (the person or business you were ordered to pay)

a. Full name: Kathy Gold

b. Address (use last known): 6355 Topanga Canyon Blvd #515 Woodland Hills Ca. 91367

4. I understand that the amount of money I must pay to get a satisfaction of judgment is the total of the

a. principal amount of money the court ordered me to pay,

b. costs (if awarded by the court),

c. interest accrued on the judgment,

d. the court's processing fee, and

e. other charges the court has added to the judgment. (The court will calculate the total (see reverse).)

5. Partial payment (Complete this section if you have ALREADY PAID PART of the judgment.)

☐ I have already paid part of the judgment.

Amount paid: \$

(check one or both of the boxes below.)

a. ☐ by check or money order. (Attach a copy of both sides of the canceled check or money order.)b. ☐ by cash. (Attach a copy of the signed, dated cash receipt)

6. I understand that if I pay by personal check, satisfaction of judgment will be delayed 30 days.

7. I request the court to calculate the total amount required to enter a satisfaction of judgment, and to enter a satisfaction of judgment after I have paid the total amount to the court.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 10-18-11

Grant Eggleton

(TYPE OR PRINT NAME)

(SIGNATURE OF JUDGMENT DEBTOR)

Judgment creditor: See important notice on reverse.

CERTIFICATION

I certify that this document is a true and correct copy of the original on file with this court.

(Seal)

Clerk,
by _____, Deputy

SATISFACTION OF JUDGMENT (for court use only)

- (1) ☒ Full satisfaction of judgment entered as to judgment debtor (name): GRANT EGGLETON on (date): 11/4/11
- (2) ☐ Full satisfaction of judgment NOT entered as requested (state reason):

JOHN A. CLARKE

Clerk, by _____ Deputy

Page 1 of 2

www.courtinfo.ca.gov

CM/CASE: 11V05219 LEA/DEF#: 11V05219001
RECEIPT #: 11V05219001
DATE PAID: 11/04/11 09:01:40 AM
PAYMENT: \$4,524.61
RECEIVED: 0310
CHECK: 4,524.61
CASH:
CHARGE:
CARD:

Handwritten signature/initials

PLAINTIFF: <u>Kathy Gold</u>	CASE NUMBER:
DEFENDANT: <u>Grant Eggleton</u>	<u>11V05219</u>

FOR COURT USE ONLY

1. Judgment entered on (date): 10-19-11

2. Amount to be paid as of date of request (specify):

- a. Unpaid principal _____ \$
- b. Costs _____ \$
- c. Post judgment costs _____ \$
- d. Credits (see receipts) _____ \$
- e. Interest accrued (to date in item 2, above) _____ \$
- f. Processing fee _____ \$
- g. Other (specify) _____ \$

4338.00

146.95

6

19.46

20.00

87A

SUBTOTAL \$

Add interest at: \$ 1.23 per day (from date in item 2) \$

TOTAL

\$ 4524.61

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this action. This Notice to Judgment Creditor was mailed first class, postage prepaid, in a sealed envelope to the address shown in item 3 on the reverse. The mailing and this certification occurred

at (place): VAN NUYS

on (date): DEC 06 2011

California

Clerk, by Amag... Deputy

NOTICE TO JUDGMENT CREDITOR

1. The judgment debtor has fully satisfied the judgment entered by making payment to the court in the amount shown above.

2. You may claim this money by

mailing this form to the court.

3. Complete the Judgment Creditor's Request for Funds below.

4. Money not claimed within three years becomes the property of the court (see Government Code sections 50050-50056).

FILED

LOS ANGELES SUPERIOR COURT

DEC 19 2011

JOHN A. CLARKE, CLERK

BY Mirzayan
BY L. MIRZAYAN, DEPUTY

JUDGMENT CREDITOR'S REQUEST FOR FUNDS

I request the court to pay the money to me by mail at my current address (specify):

6355 Topanga Canyon Blvd., #515

Woodland Hills, CA 91367

(Mail or deliver this form to the court clerk Keep a photocopy for yourself.)

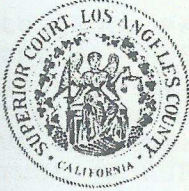
Date: 12-14-11

KATHY GOLD

(TYPE OR PRINT NAME)

Kathy Gold

(SIGNATURE OF JUDGMENT CREDITOR)



JOHN A. CLARKE
EXECUTIVE OFFICER / CLERK

6230 Sylmar Ave., Room 107
Van Nuys, CA 91401
818-374-2901

Superior Court of California
County of Los Angeles

Exhibit A - Landini

DECEMBER 6, 2011

KATHY GOLD
6355 TOPANGA CANYON BLVD. #515
WOODLAND HILLS, CA 91367

RE: Case No. 11V05219

The judgment debtor has fully satisfied the judgment on this case by making payment to court in the amount of **\$4,504.61**. Please complete the Judgment Creditor's Request for Funds (reverse side of form # SC-145) highlighted sections and return to us by **DECEMBER 21, 2011**. Failure to return the attached form will delay processing your request to receive your funds.

Once the Court receives the completed SC-145 Judgment Creditor's Request for Funds, it will take approximately eight to ten weeks for you to receive your funds through the mail. Please do not contact the Court prior to this period as the Court will not be able to expedite your request for funds.

Money not claimed within three years becomes the property of the Court pursuant to Government Code Sections 50050 – 50056.

Sincerely,

A. Quiteno

A. QUITENO
Court Services Assistant


```

List Payment Database Record (Scan)
Enter Rcpt #/Date: / / or Cit/Case #/LEA/Def #:
Rcpt #: LAV511429001 11/04/11 1 Cashier ID: 511429 Cur Date: 11/04/11
Cit/Case #: 11V05219 LEA/Def #: Booking #: EJ Status: AD
Tran Code: 310 Amount Paid: 4,524.61 Check: X Viol Date: / /
Sup ID/Name: Reason for Void:
Trust: T NSF: Refund: RDO: Reversal: Void/Sup Ovr: Current Rec: X
Reason Codes: County Pct: 0.00 Refund Amt: 0.00
First Viol Bail: 0 Authorized Bail: 0.00
Fund 1: SCJDGCT 20.00 Y11 Fund 9: 0.00
Fund 2: TRUST 4,504.61 ✓ 47 Fund 10: 0.00
Fund 3: 0.00 Fund 11: 0.00
Fund 4: 0.00 Fund 12: 0.00
Fund 5: 0.00 Fund 13: 0.00
Fund 6: 0.00 Fund 14: 0.00
Fund 7: 0.00 Fund 15: 0.00
Fund 8: 0.00 Fund 16: 0.00

```


Name and Address of Court:

Van Nuys Superior Court
 6230 Sylmar Avenue
 Van Nuys, Ca. 91401

SMALL CLAIMS CASE NO.: 11V05219

PLAINTIFF/DEMANDANTE (Name and address of each):

Kathy Gold
 6355 Topanga Canyon Blvd #515
 Woodland Hills Ca 91367

DEFENDANT/DEMANDADO (Name and address of each):

Grant Eggleton
 675 E. Bennett St.
 Sim Valley, Ca 93065

LOS ANGELES SUPERIOR COURT

NOV 04 2011

John A. Clarke, Clerk

☐ See attached sheet for additional plaintiffs and defendants.

REQUEST TO PAY JUDGMENT TO COURT

- Instead of paying the judgment directly to the creditor, I want to pay it to the court.
 - Date judgment was entered (specify): 10/18/2011
 - Judgment creditor (the person or business you were ordered to pay)
 - Full name: Kathy Gold
 - Address (use last known): 6355 Topanga Canyon Blvd #515 Woodland Hills Ca 91367
 - I understand that the amount of money I must pay to get a satisfaction of judgment is the total of the
 - principal amount of money the court ordered me to pay,
 - costs (if awarded by the court),
 - interest accrued on the judgment,
 - the court's processing fee, and
 - other charges the court has added to the judgment. (The court will calculate the total (see reverse).)
 - Partial payment (Complete this section if you have ALREADY PAID PART of the judgment.)

☐ I have already paid part of the judgment.

Amount paid: \$ (check one or both of the boxes below.)

 - ☐ by check or money order. (Attach a copy of both sides of the canceled check or money order.)
 - ☐ by cash. (Attach a copy of the signed, dated cash receipt)
 - I understand that if I pay by personal check, satisfaction of judgment will be delayed 30 days.
 - I request the court to calculate the total amount required to enter a satisfaction of judgment, and to enter a satisfaction of judgment after I have paid the total amount to the court.
- I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 10-18-11

Grant Eggleton

(TYPE OR PRINT NAME)

(SIGNATURE OF JUDGMENT DEBTOR)

Judgment creditor: See important notice on reverse.

CERTIFICATION

I certify that this document is a true and correct copy of the original on file with this court.

(Seal)

Clerk,
 by _____, Deputy

SATISFACTION OF JUDGMENT (for court use only)

- ☒ Full satisfaction of judgment entered as to judgment debtor (name): GRANT EGGLETON on (date): 11/4/11
- ☐ Full satisfaction of judgment NOT entered as requested (state reason):

JOHN A. CLARKE

Clerk, by _____ Deputy

paid by check

PLAINTIFF: <u>Kathy Gold</u>	CASE NUMBER:
DEFENDANT: <u>Grant Eggleton</u>	<u>11V05219</u>

FOR COURT USE ONLY

1. Judgment entered on (date): 10-19-11

2. Amount to be paid as of date of request (specify):

- a. Unpaid principal _____ \$
- b. Costs _____ \$
- c. Post judgment costs _____ \$
- d. Credits (see receipts) _____ \$
- e. Interest accrued (to date in item 2, above) _____ \$
- f. Processing fee _____ \$
- g. Other (specify) _____ \$

4338.00

146.95

19.46

20.00

874

SUBTOTAL \$

Add interest at: \$ 1.23 per day (from date in item 2) _____ \$

TOTAL

\$ 4524.61

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this action. This Notice to Judgment Creditor was mailed first class, postage prepaid, in a sealed envelope to the address shown in item 3 on the reverse. The mailing and this certification occurred

at (place): VAN NUYS

on (date):

DEC 06 2011

California

Clerk, by [Signature] Deputy

NOTICE TO JUDGMENT CREDITOR

1. The judgment debtor has fully satisfied the judgment entered by making payment to the court in the amount shown above.
2. You may claim this money by

mailing this form to the court.
3. Complete the Judgment Creditor's Request for Funds below.
4. Money not claimed within three years becomes the property of the court (see Government Code sections 50050-50056).

JUDGMENT CREDITOR'S REQUEST FOR FUNDS

I request the court to pay the money to me by mail at my current address (specify):

(Mail or deliver this form to the court clerk Keep a photocopy for yourself.)

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF JUDGMENT CREDITOR)

CLERK'S
CERTIFICATE
OF SERVICE
BY MAIL

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES
NORTHWEST DISTRICT (-19498-)
VAN NUYS COURTHOUSE EAST

GOLD, KATHY

vs. EGGLETON, GRANT

CASE NUMBER: 11V05219

CLERK'S CERTIFICATE OF MAILING

I, the below named Executive Officer/Clerk of the above-entitled court, do hereby certify that I am not a party to the cause herein, and that on this date I served the SATISFACTION OF JUDGMENT PER PAYMENT TO COU upon each party or counsel named below by depositing in the United States mail at the courthouse in VAN NUYS, CALIFORNIA, one copy of the original filed/entered herein in a separate sealed envelope to each address as shown below with the postage thereon fully prepaid.

EGGLETON, GRANT

675 BENNET STREET
SIMI VALLEY, CA 93065

JOHN A. CLARKE, Executive Officer/Clerk

DATED: 12/06/2011
CIV10

ANA QUITENO, DEPUTY CLERK
CLERKS CERTIFICATE OF MAILING

(CCP 1013a (3))

NORTHWEST DISTRICT (-19498-)
VAN NUYS COURTHOUSE EAST
6230 SYLMAR AVENUE, VAN NUYS, CA 91401

SMALL CLAIMS CASE NO: LAV 11V05219

- NOTICE TO ALL PLAINTIFFS AND DEFENDANTS -

Your small claims case has been decided. If you lost the case, and the court ordered you to pay money, your wages, money, and property may be taken without further warning from the court. Read the back of this sheet for important information about your rights.

- AVISO A TODOS LOS DEMANDANTES Y DEMANDADOS -

Su caso ha sido resuelto por la corte para reclamos judiciales menores. Si la corte ha decidido en su contra y ha ordenado que usted pague dinero, le pueden quitar su salario, su dinero, y otras cosas de su propiedad, sin aviso adicional por parte de la corte. Lea el reverso de este formulario para obtener informacion de importancia acerca de sus derechos.

PLAINTIFF/DEMANDANTE

GOLD, KATHY

C/O 6355 TOPANGA CANYON BLVD. # 515
WOODLAND HILLS, CA 91367
(818) 358-3865

DEFENDANT/DEMANDADO

EGGLETON, GRANT

675 BENNET STREET
SIMI VALLEY, CA 93065
(310) 889-4987

NOTICE OF ENTRY OF JUDGMENT

JUDGMENT WAS ENTERED AS STATED BELOW ON (DATE): **10/19/2011**

Defendant (name, if more than one):
EGGLETON, GRANT

shall pay plaintiff (name, if more than one):
GOLD, KATHY

\$ 4338.00 principal and \$ 146.95 costs on plaintiff's claim.

Other (specify): **MATTER HAVING BEEN TAKEN UNDER SUBMISSION, THE JUDGMENT IS RENDERED ON 10-19-11.**

Enforcement of the judgment is automatically postponed for 30 days or, if an appeal is filed, until the appeal is decided. EXHIBITS, IF ANY, WILL BE DESTROYED AT THE END OF 60 DAYS FROM EXPIRATION OF APPEAL TIME.

CLERK'S CERTIFICATE OF MAILING - I certify that I am not a party to this action. This NOTICE OF ENTRY OF JUDGMENT was mailed first class, postage prepaid, in a sealed envelope to the parties at the addresses shown above.

The mailing and this certification occurred at the place and on the date shown below.

Place of mailing: **VAN NUYS, CALIFORNIA.**

Date of mailing: **10/19/2011**

JOHN A. CLARKE, Executive Officer/Clerk

By **DIANE TEIBEL**

, Deputy

- The county provides small claims advisor services free of charge. Read the information sheet on the reverse. -

SC-130 (Rev. 7/1/10)

NOTICE OF ENTRY OF JUDGMENT (Small Claims)

Page 1 of 2

INFORMATION AFTER JUDGMENT / INFORMACION DESPUES DEL FALLO DE LA CORTE

Your small claims case has been decided. The **judgment** or decision of the court appears on the front of this sheet. The court may have ordered one party to pay money to the other party. The person (or business) who won the case and who can collect the money is called the **judgment creditor**.

The person (or business) who lost the case and who owes the money is called the **judgment debtor**. Enforcement of the judgment is postponed until the time for appeal ends or until the appeal is decided. This means that the judgment creditor cannot collect any money or take any action until this period is over. Generally, both parties may be represented by lawyers after judgment.

IF YOU LOST THE CASE . . .

1. If you lost the case on your own claim and the court did not award you any money, the court's decision on your claim is **FINAL**. You may not appeal your own claim.
2. If you lost the case and the court ordered you to pay money, your money and property may be taken to pay the claim unless you do one of the following things:

a. PAY THE JUDGMENT

The law requires you to pay the amount of the judgment. You may pay the judgment creditor directly, or pay the judgment to the court for an additional fee. You may also ask the court to order monthly payments you can afford. Ask the clerk for information about these procedures.

b. APPEAL

If you disagree with the court's decision, you may appeal the decision on the other party's claim. You may not appeal the decision on your own claim. However, if any party appeals, there will be a new trial on all the claims. If you appeared at the trial, you must begin your appeal by filing a form called a Notice of Appeal (form SC-140) and pay the required fees within 30 days after the date this Notice of Entry of Judgment was mailed or handed to you. Your appeal will be in the superior court. You will have a **new trial** and you must present your evidence again. You may be represented by a lawyer.

c. VACATE OR CANCEL THE JUDGMENT

If you did not go to the trial, you may ask the court to vacate or cancel the judgment. To make this request, you must file a Motion to Vacate the Judgment (form SC-135) and pay the required fee within 30 days after the date this Notice of Entry of Judgment was mailed. If your request is denied, you then have 10 days from the date the notice of denial was mailed to file an appeal. The period to file the Motion to Vacate the Judgment is 180 days if you were not properly served with the claim. The 180-day period begins on the date you found out or should have found out about the judgment against you.

IF YOU WON THE CASE . . .

1. If you were sued by the other party and you won the case, then the other party may not appeal the court's decision.
2. If you won the case and the court awarded you money, here are some steps you may take to collect your money or get possession of your property:

a. COLLECTING FEES AND INTEREST

Sometimes fees are charged for filing court papers or for serving the judgment debtor. These extra costs can become part of your original judgment. To claim these fees, ask the clerk for a Memorandum of Costs.

b. VOLUNTARY PAYMENT

Ask the judgment debtor to pay the money. If your claim was for possession of property, ask the judgment debtor to return the property to you. **THE COURT WILL NOT COLLECT THE MONEY OR ENFORCE THE JUDGMENT FOR YOU.**

c. STATEMENT OF ASSETS

If the judgment debtor does not pay the money, the law requires the debtor to fill out a form called the Judgment Debtors Statement of Assets (form SC-133). This form will tell you what property the judgment debtor has that may be available to pay your claim. If the judgment debtor willfully fails to send you the completed form, you may file an Application and Order to Produce Statement of Assets and to Appear for Examination (form SC-134) and ask the court to give you your attorney's fees and expenses and other appropriate relief, after proper notice, under Code of Civil Procedure section 708.170.

d. ORDER OF EXAMINATION

You may also make the debtor come to court to answer questions about income and property. To do this, ask the clerk for an Application and Order for Appearance and Examination (Enforcement of Judgment) (form EJ-125) and pay the required fee. There is a fee if a law officer serves the order on the judgment debtor. You may also obtain the judgment debtors financial records. Ask the clerk for the Small Claims Subpoena and Declaration (form SC-107) or Civil Subpoena Duces Tecum (form SUBP-002).

e. WRIT OF EXECUTION

After you find out about the judgment debtors property, you may ask the court for a Writ of Execution (form EJ-130) and pay the required fee. A writ of execution is a court paper that tells a law officer to take property of the judgment debtor to pay your claim. Here are some examples of the kinds of property the officer may be able to take: **wages, bank account, automobile, business property, or rental income.** For some kinds of property, you may need to file other forms. See the law officer for information.

f. ABSTRACT OF JUDGMENT

The judgment debtor may own land or a house or other buildings. You may want to put a lien on the property so that you will be paid if the property is sold. You can get a lien by filing an Abstract of Judgment (form EJ-001) with the county recorder in the county where the property is located. The recorder will charge a fee for the Abstract of Judgment.

NOTICE TO THE PARTY WHO WON: As soon as you have been paid in full, you must fill out the form below and mail it to the court immediately or you may be fined. If an Abstract of Judgment has been recorded, you must use another form; see the clerk for the proper form.

SMALL CLAIMS CASE NO.:

ACKNOWLEDGMENT OF SATISFACTION OF JUDGMENT

(Do not use this form if an Abstract of Judgment has been recorded.)

To the Clerk of the Court:

I am the ☐ judgment creditor ☐ assignee of record.

I agree that the judgment in this action has been paid in full or otherwise satisfied.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)

SC-130 (Rev. July 1, 2010)

NOTICE OF ENTRY OF JUDGMENT (Small Claims)

Page 2 of 2

TRIAL MINUTES

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES
SCOT NORTHWEST DISTRICT , VAN NUYS COURTHOUSE EAST

GOLD, KATHY vs. EGGLETON, GRANT

CASE NO. LAV 11V05219

In Department 108, Honorable ELIZABETH LIPPITT, Judge, Presiding.
Court convened at:10:00 AM on 10/18/11, and the following proceedings were had:

Plaintiff(s):GOLD, KATHY	appearing
Defendant(s):EGGLETON, GRANT	appearing

The Court, after having considered the evidence, The Court, takes matter under submission.
Upon order of the Court, all exhibits are returned to the respective parties in open court.

MINUTES FILED AND ENTERED DATED: 10/18/2011 Department : 108

Plaintiff (list names): GOLD, KATHY

(1) The Plaintiff (the person, business, or public entity that is suing) is:

Name: GOLD, KATHY

Phone: (818) 358-3865

Street address: C/O 6355 TOPANGA CANYON BLVD. # 515
Street

WOODLAND HILLS CA 91367
City State Zip

Mailing address (if different):
Street

City State Zip

If more than one Plaintiff, list next Plaintiff here:

Name:

Phone:

Street address:
Street

City State Zip

Mailing address (if different):
Street

City State Zip

☐ Check here if more than 2 Plaintiffs and attach Form SC-100A.

☐ Check here if either Plaintiff listed above is doing business under a fictitious name. If so, attach Form SC-103.

(2) The Defendant (the person, business, or public entity being sued) is:

Name: EGGLETON, GRANT

Phone: (310) 889-4987

Street address: 675 BENNET STREET
Street

SIMI VALLEY CA 93065
City State Zip

Mailing address (if different):
Street

City State Zip

If more than one Defendant, list next Defendant here:

Name:

Phone:

Street address:
Street

City State Zip

Mailing address (if different):
Street

City State Zip

☐ Check here if more than 2 Defendants and attach Form SC-100A.

☐ Check here if any Defendant is on active military duty, and write his or her name here:

(3) The Plaintiff claims the Defendant owes \$ 7500.00. (Explain below):

a. Why does the Defendant owe the Plaintiff money?

DEFENDANT REAR-ENDED PLAINTIFF ON THE 101 FREEWAY NEAR WOODMAN AVENUE, SHERMAN OAKS, CALIFORNIA, CAUSING PLAINTIFF BODILY INJURIES REQUIRING MEDICAL CARE.

b. When did this happen? (Date): 11 / 16 / 2010

If no specific date, give the time period: Date Started: Through:

c. How did you calculate the money owed to you? (Do not include court costs or fees for service.)

MEDICAL BILLS, SC-100 ITEM 3

☐ Check here if you need more space. Attach one sheet of paper or Form MC-031 and write "SC-100, Item 3" at the top.

10-18 AM Z

POS-010

ATTORNEY OF PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):
JOHN P. ROSENBERG 77946
JOHN P. ROSENBERG
6355 TOPANGA CANYON BLVD., STE. 515
WOODLAND HILLS, CA 91367
TELEPHONE: (818) 716-6400

ATTORNEY FOR:
L.A. SUPERIOR COURT/VAN NUYS
STREET ADDRESS: per rule 2.150 (a)(8):
MAILING ADDRESS: the address of the court is not required
CITY AND ZIP CODE:
BRANCH NAME:

FOR COURT USE ONLY

FILED
LOS ANGELES SUPERIOR COURT

OCT 17 2011

CLERK OF COURT

BY SANDRA BERNARD, DEPUTY

Plaintiff GOLD
Defendant EGGLETON

CASE NUMBER:
11V05219
Clt. Ref. or File No.:
11V05219

HEARING:
DATE: 10/18/11
TIME: 8:30
DIV/DEPT: Z

PROOF OF SERVICE

(Separate proof of service is required for each party served.)

1. At the time of service I was at least 18 years of age and not a party to this action.

2. I served copies of:
PLAINTIFF'S CLAIM AND ORDER TO GO TO SMALL CLAIMS COURT

3. a. ☒ Party served
GRANT EGGLETON

b. ☐ Person (other than the party in item 3a) served on behalf of an entity or as an authorized agent (and not a person under item 5b on whom substituted service was made) (specify name and relationship to the party named in item 3a):

4. Address where the party was served: 675 BENNET STREET
Simi Valley CA 93065

5. I served the party (check proper box)

b. ☒ by substituted service. On (date): 09/26/11 at (time): 8:59 am I left the documents listed in item 2 with in the presence of:
JOHN "DOE" (REFUSED FULL NAME), OCCUPANT (FATHER)
Description: WHITE, Male, 50S yrs old, 5' 8" tall, 170 lbs., SLT&PPR hair,

(2) ☒ (home) a competent member of the household (at least 18 years of age) at the dwelling house or usual place of abode of the party. I informed him or her of the general nature of the papers.

(4) ☒ I thereafter mailed (by first-class, postage prepaid) copies of the documents to the person to be served at the place where the copies were left (Code Civ. Proc., 415.20). I mailed the documents on (date): 09/28/11 from (city): Ventura or ☐ a declaration of mailing is attached.

(5) ☒ I attach a declaration of diligence stating actions taken first to attempt personal service.

Page 1 of 2

Computer-generated form

Judicial Council of California

POS-010 (Rev. January 1, 2007)

GO: 14 fabiz

PROOF OF SERVICE

Code of Civil Procedure, 417.10



AX0214-11920825

Plaintiff
Defendant

GOLD
EGGLETON

CASE NUMBER:
11V05219

c. ☐ by mail and acknowledgment of receipt of service, I mailed the documents listed in item 2 to the party, to the address shown in Item 4, by first-class mail, postage prepaid.

(1) on (date):

(2) from (city):

(3) ☐ with two copies of the Notice and Acknowledgment of Receipt (form 982(a)(4)) and a postage paid return envelope addressed to me. (Attach completed Notice and Acknowledgement of Receipt (form 982(a)(4).) (Code of Civ. Proc., 415.30).)

(4) ☐ to an address outside California with return receipt requested.
(Code Civ. Proc., 415.40)

d. ☐ by other means specify means of service and authorizing code section):

6. The "Notice to the Person Served" was completed as follows:

a. ☐ as an individual defendant.

b. ☐ as the person sued under the fictitious name of (specify):

c. ☐ as occupant/tenant.

d. ☐ on behalf of:

under the following Code of Civil Procedure section:

☐ CCP 416.10 (corporation)

☐ 416.60 (minor)

☐ 416.20 (defunct corporation)

☐ 416.70 (ward or conservatee)

☐ 416.30 (joint stock or company association)

☐ 416.90 (authorized person)

☐ 416.40 (association or partnership)

☐ 415.46 (occupant/tenant)

☐ 416.50 (public entity)

☐ other:

☐ CCP 415.95 (business organization, form unknown)

7. Person who served papers

a. Name: J. RIOS

b. Address: 7124 Owensmouth Ave., #106, Canoga Park CA 91303

c. Telephone number: (213) 928-7247

d. The fee for service was: \$ 71.95 (recoverable under CCP1033.5(a)(4)(B))

e. I am:

(1) ☐ not a registered California process server.

(2) ☐ exempt from registration under Business and Professions Code Section 22350(b).

(3) ☒ registered California process server:

(i) ☐ Owner ☐ Employee ☒ Independent contractor.

(ii) Registration No.: 523

(iii) County: VENTURA

8. ☒ I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

or

9. ☐ I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date: 09/29/11

J. RIOS

(NAME OF PERSON WHO SERVED PAPERS/SHERIFF OR MARSHAL)

(SIGNATURE)